f No. 2	DEPARTMENT OF COMMERCE MISSOURI STATE E	BOARD OF HEALTH $/$ $10582$
'1-10-39 5-17-39	BURBAU OF THE CENSUS STANDARD CERTIF	FICATE OF DEATH  State Pile No
I X21492	Registration District No. 153 Primary Registration Dis-	strict No. 321 4087 Registrar's No. 5
	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
<u>.</u>	(a) County TY2 5	(a) State Mo (b) County Cars
5	(b)_City or town (If outside city or town limits, write "RURAL" and name of township)  (c) Name of hospital or institution:	Lass - Mad
RECORD	2	(c) City or town (If outside city or town limit write "RURAL")
	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution.	(d) Street No.
PERMANENT	In this community	(If rural, give location)
MA	years, months or days)	(e) If foreign born, how long in U. S. A.?
ER	8. (a) PRINT Sarah & Moran	20. DATE OF DEATH, Month May 23
AF	3. (c) Social Security	year 1970 hour minute M.
5	name warNo	21. I hereby certify that I attended the deceased from
MAKE	5. Color or 6. (a) Single, widowed, married.	$2 - 4 - 1940 = 3 \cdot 23$
	6. (b) Name of Rusband or wife 6. (c) Age of husband or wife if	that I last saw he alive on 3 - 2 o 19/10 and that death occurred on the date and hour stated above.
INK	John Boran alive Tream	Immediate cause of death Terrial Curdian Daration
8	Birth date of deceased (Month) (Day) (Year)	I wereldong drangfreig
BLACK	1.1	- tracting or Ruly haro
- 11	8. AGE: Years V Months Days If less than one day	from a fall,
UNFADING	hr	Due to Sentity
FA]	9. Birthplace (City, town, or county) (State or foralge country)	
	10. Usual occupation	Other conditions
·	11. Industry or business	Major findings:
	12. Name of driver the	Of operations
KI	(City, town, or coupty) (State or levelen country)	the cause to which death Of autopsy should be
'AII	14. Maiden name Recent Record G  16. Birthplace Recent (Green or foreign county)  (State or foreign county)	Of autopsyshould be charged statetrictically,
RITE PLAINLY	15. Birthplace // (City, touth, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
TE	16. (a) Informant Malh Donas	(a) Accident, suicide, or homicide (specify)
<u>`</u>	(b) Address + 22 concern	``
	(Month) (Day) (Year)	(City or town) (Comty) (State)  (d) Did injury occur in or about home, on farm, in industrial place, in public place?
	(c) Place: burial or constitution RUNNENBURGENS	(Specify type of place)
	UADGISONVI! LE. MU.	(e) Means of injury
	19. (a) 3-24-40 (b) As Sear Support (Registrar's signature)	28. Signature American M. D. or other)  Address Date signed 124
	(Licensed Embalmer's Sta	atement on Reverse Side)

Galy

		· • •		
STATEMENT	BY	LICENSED	<b>EMBALMER</b>	

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.	Registered Apprentice No
mot Embalmed	Signed
mari -	Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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No. 2B

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. Primary Registration D

## MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4087

State F	ile N	1	0	JT	5	2_

	7. Cg357 G7 3 110
1. PLACE OF PEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County	
(b) City or town Treeman h	(a) State (b) County
(ff outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	<u> </u>
(c) Thank of hospital of institution:	(c) City or town
(If not in hospital or institution, write street number or location)	(11 outside city or town limits write "RURAL")
(d) Length of stay: In hospital or institution	(d) Street No
1 (Specify what her	(If rural, give location)
In this community	(c) If foreign born, how look in U. A.?
3. (a) PRINT arak E. Doran	CERTIFICATION
FOLD IV.	20. DATE OF DEATH, Month 2002 day 23
3. (b) If veteran, 3. (c) Social Security	N AND
name war No	year hour minute M
	21. I hereby cereby that I attended the deceased from
5. Color or 6. (a) Single, widowed, married,	, 19 19 19
4. Sex. race divorced divorced	the last saw h alive on
6. (b) Name of husband or wife	and that death occurred on the date and hour stated hove.
	Duration
aliveyear	Impedate oause of death
7. Birth date of deceased (Month) (Day) (Year)	Screen transference
(Month) (Day) (Year)	
8. AGE: Years Months Days If less than on day	Due to
al 11 6	Zana I II hill had han ha
	July 10 Town
	Due to per un mil name
9. Birthplace	11 Oct 50m on Jeh 4-1946
(Only, town, or country)	Total to cut a chant
10. Usual occupation	(Include pregnancy within 3 months of death)
11. Industry or business	I have in an while still days
E (10 N	Major findings:
12. Name	Of operations.
₹ (13. Birthplace	the cause to
(City, town, or county) (State or foreign country)	Of autopsy
14. Maiden name	
15. Birthplace. (City, town, or county) (State or foreign country)	tistically,
(City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
16. (a) Informant	(a) Accident, suicide, or homicide (specify)
(b) Address	(b) Date of occurrence
	(c) Where did injury occur?
(Burial, cremation, or removal) (Month) (Day) (Year)	(City or town) (County) (State)
(	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(c) Place: burial or cremation	(6)
18. (a) Signature of funeral director	(Specify type of place) While at work (c) Means of injury
(b) Address	
	23. Signature (M. D. or other)
19. (a)	Address / Ashamulle ) Dese signed
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No. 2B -2-21-40

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

	AIE DI PENIH	State File No.	
t N	. <del>4087</del>	Registrar's No5	
2.	USUAL RESIDENCE OF DECE	ASED:	
(a)	State	(b) County	
(c)	City or town(If outside cit	ty or town limits write "RURAL")	
(ď)	Street No	If rural, give location)	
(e)		1.7.	уеагь.
	DATE OF DEATE Sonth	day day minute e deceased from	
ha	t Hast aw h alive on		; 19;
竔	that death occurred on the date an		Duration
YE.	diate cause of death		Duration
Y		***************************************	
	e to		
			-
שע	e to		*
		~^^***********************************	-
Oth	ner conditionsnciude pregnancy within 3 months of deat	h)	-
•			PHYSICIAN
Ma	ior findings:		
	Of operations		Underline
	***************************************		the cause to which death
	Of autopsy	******	ishould be
		***************************************	charged sta- tistically.
22.	If death was due to external causes	, fill in the following:	
(a)	Accident, suicide, or homicide (spe	cify)	
(b)	Date of occurrence	***************************************	
(c)	Where did injury occur?		
	(City or town) (County) (State)  (d) Did injury occur in or about home, on farm, in industrial place, in public place		
	While at work / (Spe	cify type of place) . (e) Means of injury	

..... (M.D. or other)...

Registration District No	Primary Registration D
1. PLACE OF TRATH:	
(a) County.	
(b) City or town - Ree	many
(c) Name of hospital or institution:	wn limits, write "RURAL" and name of township
(If not in hospital or institu	tion, write atreet number or location)
(d) Length of stay: In hospital or	institution
In this communityyears, months or days)	(Specify whethe
9 //	<b>F 1</b>
3. (a) PRINT DAKAK	6. plaran
3. (b) If veteran,	3. (c) Social Security
name war	No
5. Color o	
4. Sex race	divorced
6. (b) Name of husband or wife	
,	alive 1040
7. Birth date of deceased	Ionth) (Day) (Year)
d -	1 11
8. AGE: Years Months	B Days If less than one wy
90 11	12.4
70 1 27	
9. Birthplace (City, town, or	county) Btaror foreign country)
10. Usual occupation	11
11. Industry or business	
留 ∫ 12. Name	
E) Dimboloo	
(City, town	, or county) (State or foreign country)
[ ( 14. Maiden name	
5 15. Birthplace	
(City, town	, or county) (State or foreign country)
16. (a) Informant	
(b) Address	
17. (a)	(b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation	
18. (a) Signature of funeral director	
(b) Address 3-74-40 (c)	Mrs. Pearl Suddorth
19. (a)	(Registrar's signature)